

**Satisfaction Survey
Youth**

Name of Program _____ Name of Youth _____

Name of Person Completing Survey _____ Date _____

Please circle the number that best describes your experience with your child's program.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was able to speak with staff when I needed.	1	2	3	4	5
I was treated with respect by the staff.	1	2	3	4	5
Rules were explained to me.	1	2	3	4	5
The staff was helpful to me when I asked.	1	2	3	4	5
I was allowed to attend my staffings.	1	2	3	4	5
I was allowed to participate in activities.	1	2	3	4	5
My counseling goals were discussed with me.	1	2	3	4	5
My progress was discussed with me.	1	2	3	4	5
I was able to call my family when I wanted.	1	2	3	4	5
I believe the program helped me.	1	2	3	4	5

Comments: